




Report of the Governor's Nursing Task Force

October 2006

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Table of Contents

Acknowledgements	3
Executive Summary	4
Section 1: Idaho’s Nurse Shortage.....	5
An Overview	
Nurse Supply	
...and Demand	
Shifting Trends	
Section 2: Key Challenges Presented by the Shortage.....	12
The Need to Educate More Nurses	
Developing and Maintaining a Diverse Nursing Population	
Retaining the Current Experienced Nursing Workforce	
Continued Planning for an Adequate Nursing Workforce	
Section 3: Short- and Long-Range Strategies.....	22
Section 4: Expected Outcomes and Outcome Measures	23
Appendix 1:	
References.....	24

Acknowledgements

When Idaho Governor James E. Risch took the oath of office, he made the commitment “to better understand and address the critical issue of nursing shortage in Idaho” and to undertake a collaborative effort to find those common ground solutions that would serve to “deliver relief to our schools and hospitals”.

In August 2006, Governor Risch appointed a task force to collaborate and form recommendations on how we might address the nurse shortage in our state.

This report represents the work of the 18-member task force, all of whom worked tirelessly to accomplish their charge.

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EXECUTIVE SUMMARY

Like other states, Idaho has a shortage of nurses. And, like most other states, this shortage is expected to become critical between now and 2020. With nurses comprising the “front line” staff in most health care settings, their ability to deliver safe, competent care is essential to the safety and well-being of Idahoans now and in the future.

This report on the nurse shortage is presented by the Governor’s Nursing Task Force, charged to identify key issues and provide recommendations to address Idaho’s nurse shortage. It provides an overview of the shortage with an analysis of nurse supply and demand and a snapshot of shifting trends, key challenges and proposed short and long-range solutions.

Through its study and deliberation, the Task Force determined a number of strategies to increase the supply of nurses in Idaho. The recommended strategies focus on five anticipated outcomes:

ANTICIPATED OUTCOMES

- Increased ability to educate more nurses
- Development and maintenance of a diverse nursing population that includes targeted populations*
- Development, recruitment and retention of sufficient numbers of qualified nursing faculty
- Retention of the current experienced nursing workforce
- Continued planning for an adequate nursing workforce for the future

*Targeted populations include underserved and special populations such as: rural communities; racial and ethnic diverse groups; men and women; immigrants, dislocated and incumbent workers; and military personnel

PRIORITY RECOMMENDATIONS

The Task Force recommends five priority strategies that require immediate action and resource commitment to address Idaho’s critical nurse shortage:

1. Increase of current nurse faculty salaries in Idaho’s state colleges and universities over the next three years to be competitive with industry standards--\$3.8 million
2. Increase by 400 nursing seats over the next two years in Idaho’s state colleges and universities--\$7.6 million
3. Funding to support the continued work of the Idaho Nursing Workforce Center--\$300,000/year
4. Support for the development of new nursing faculty to replace retiring faculty over the next 4 years--\$1.3 million
5. Expand and enhance financial support available to undergraduate, graduate and post graduate students to offset the high costs of nursing education, including scholarships and loans--\$600,000/year

Longer range strategies that further support the anticipated outcomes of the work of the Task Force, include:

LONGER-RANGE RECOMMENDATIONS

- Expand clinical training opportunities through coordination, innovation and technology
- Recruit more individuals, especially targeted populations, into nursing
- Promote adequate preparation for students prior to entry to nursing education, including high school preparation in math and the sciences
- Identify and address workplace issues in an effort to retain nurses in practice throughout their professional nursing careers
- Develop a mechanism to ensure continued collaboration among stakeholders in order to measure progress and create accountability for implementation and accomplishment of a plan for future nursing workforce needs

Section 1: Idaho's Nurse Shortage

AN OVERVIEW

Like other states, Idaho has a shortage of nurses. And, like most other states, this shortage is expected to become critical between now and 2020.

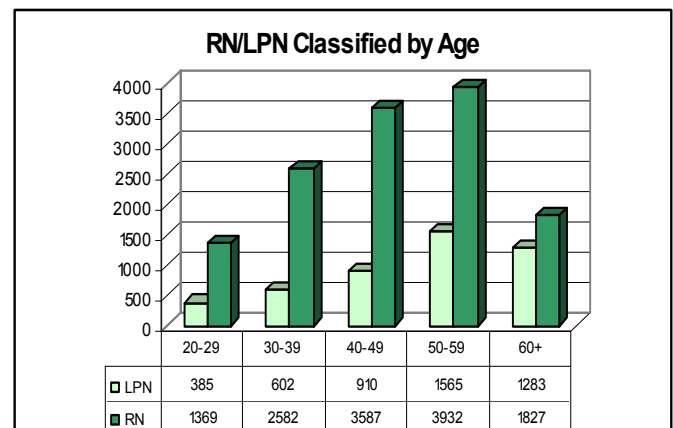
Nurse shortages are not a new phenomenon in Idaho, and in fact, have existed in cyclical trends for decades. Historically, nurse shortages, once recognized, could be adequately addressed by stepping up student recruitment efforts to generate interest in nursing as a career and by increasing the numbers of applicants admitted to existing nursing education programs. The result, within 2 to 4 years, was an increase in numbers of nursing student graduates who licensed and were then employed as nurses in the state's health care institutions. When numbers became sufficient to meet demand, recruitment efforts were scaled down and student interest and program admissions declined.

During these cyclical shortages, employers would also initiate strategies to attract nurses to their work settings, e.g. attractive competitive salaries, "sign-on bonuses" for new hires, flexible scheduling for staff nurses, and opportunities for job advancement, often with accompanying tuition reimbursement packages for nurse employees wishing to return to school to pursue advanced degrees. When the supply of nurses again began to exceed the demand, employers would often scale back the incentives until the next shortage cycle surfaced.

For years this strategy of short-term, quick response to market fluctuations worked well, and the health care industry efficiently managed variances in nurse supply and demand.

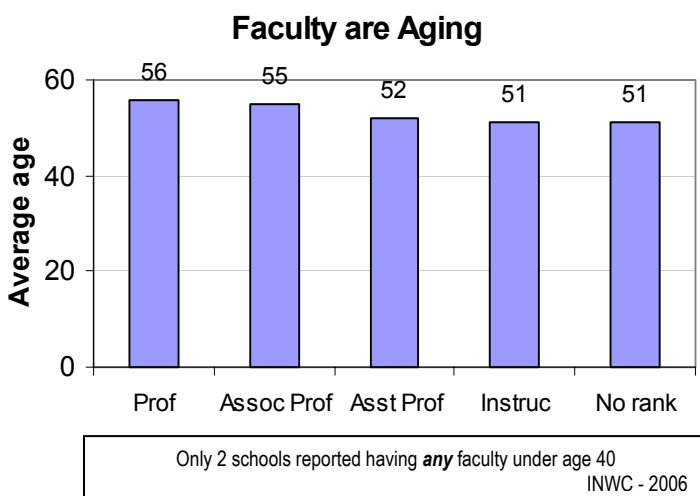
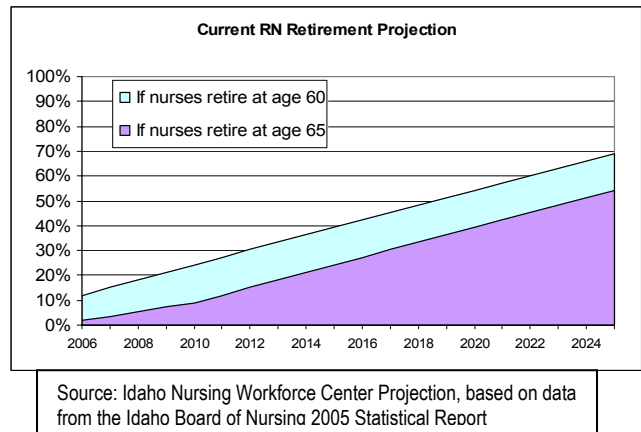
The current nurse shortage, reported in July 2002 by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA 2002), is quite different from those of the past. Whereas previous shortages were characterized as temporary fluctuations in nurse supply and demand, the current shortage is marked by an alarming exodus of the existing nursing workforce and the industry's inability to adequately compensate by using old, familiar strategies. This upset in historical trends, coupled with an unprecedented increase in demand for nursing services, has resulted in the need for Idaho to rethink how to plan for an adequate nursing workforce for the future.

Licensed nurses constitute the largest number of healthcare providers in this country. Along with their colleagues from the other health professions, over 10,000 licensed nurses provide safe, competent care for Idaho's 1.2 million citizens. Nurses live in and provide services in every county in the state. They are employed in a variety of settings, including hospitals and nursing homes, public schools and public health districts, physician's offices and outpatient clinics, in government agencies and in colleges and universities, among others.



Source – BON 2005 Annual Report

Many Idaho nurses are from the Baby Boom Generation, anticipating retirement in the next 5 to 10 years. 70% of licensed nurses in Idaho are currently over the age of 40; 40% are over the age of 50. Less than 10% of Idaho's currently employed nurses are below the age of 30. If Idaho's nurses retire at age 65, by 2026 60% of today's RNs will no longer be working. If they choose to retire at age 60, 70% of our current RN population will no longer be working in 20 years. Just when we need the most nurses to care for our vulnerable elderly, our nurses will have, in fact, left the profession. Many of today's nurses will themselves join the forces of the largest group of health care consumers upon their retirement at age 65.



As troublesome as evidence of the aging of Idaho's nursing workforce is, even more alarming is the evidence of Idaho's aging nursing faculty. With an average age of 55, the retirement of many of our experienced faculty over the next five to ten years is almost certain. This anticipated exodus, coupled with the inability to attract and retain experienced nurses as teachers, presents a huge challenge for Idaho's colleges and universities.

In the 2005-2006 academic year, 20% of all full-time nursing faculty in Idaho left their positions, many to double their salaries by working in hospitals or other practice settings. The most common reasons given by nursing faculty for leaving their positions are salary, followed by retirement.

The complexities and enormity of the current shortage present challenges that have never before been dealt with, including:

1. An unprecedented increase in the health care needs of Idahoans as a result of tremendous population growth, especially growth in the population over 65
2. The anticipated retirement of over 40% of Idaho's nurses in the next 10 years
3. Insufficient capacity to allow for an adequate increase in the number of students admitted to Idaho's nursing programs to offset the rapidly aging nurse population
4. The inability to recruit or retain masters and doctoral prepared nurses in Idaho's colleges and universities.

Idaho's ability to assure safe, quality, cost effective healthcare is dependent, in part, on a nursing workforce sufficient in numbers and with the appropriate education and

demonstrated competence to adequately support Idaho's healthcare industry needs as well as to respond to the health care demands of our citizens.

NURSE SUPPLY

Idaho's nurses include licensed practical nurses (LPN), licensed professional/registered nurses (RN), and licensed advanced practice professional nurses (APPN), a category that includes certified nurse midwives (CNM), clinical nurse specialists (CNS), nurse practitioners (NP) and registered nurse anesthetists. Most of Idaho's nurses are female (91%), white (91%), and over the age of 40 (73%) (Board of Nursing 2005 Annual Report).

Of the 18,043 currently licensed nurses in Idaho, 4,745 are LPNs and 13,298 are RNs. 10,682 (59%) of Idaho's nurses are employed in nursing either full or part-time. Nearly 7 out of every 10 RNs in Idaho are employed in hospitals. LPNs work primarily in hospitals, nursing homes and physician's offices.

RN/LPN Employment Site

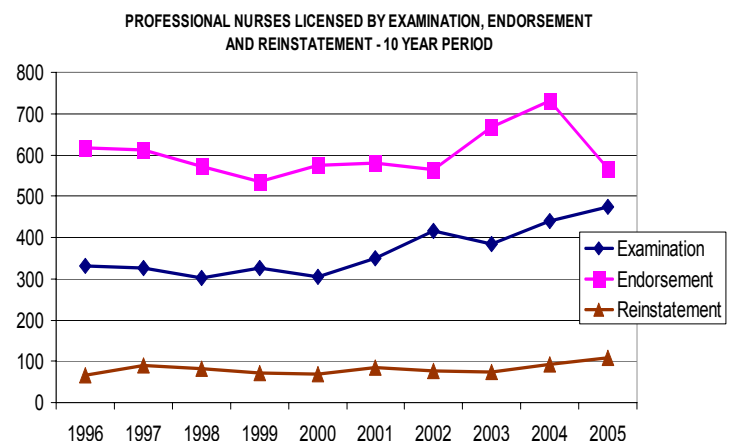
	LPN	RN
Community Health	92	347
Hospital	1035	7047
Nursing Home	1130	747
Office Nurse	960	1207
Education Program	12	255
Other	550	1336

Many nurses who are licensed in Idaho but not working as nurses have retired. Still others have left the state. A small number are employed in fields other than nursing. It is tempting to consider nurses not currently working in nursing as a potential resource to help offset the shortage. However, because of their ages, work status and life situations, the pool of licensed nurses not working in nursing does not present a rich source for mitigating the current shortage.

Idaho law requires nurses to be actively licensed before engaging in nursing practice in this state. Nurses applying for licensure in Idaho include:

- Those who are newly educated and seeking initial licensure in Idaho;
- Nurses who were educated and initially licensed in another state or territory and who are subsequently seeking licensure by interstate endorsement in Idaho;
- Nurses educated and licensed outside the U.S. seeking licensure in Idaho; and
- Nurses whose Idaho licenses have lapsed and who are seeking reinstatement of their licenses to allow them to resume practice in the state.

47% of Idaho's newly licensed registered nurses and 67% of newly licensed practical nurses in the past year were new nursing graduates. During that same period, 44% of newly licensed registered nurses and 26% of newly licensed practical nurses licensed by endorsement from another state where they were previously licensed and practicing. The remaining newly licensed registered nurses and licensed practical nurses in 2005 included those nurses reinstating Idaho licenses that had been allowed to lapse and those international nurses

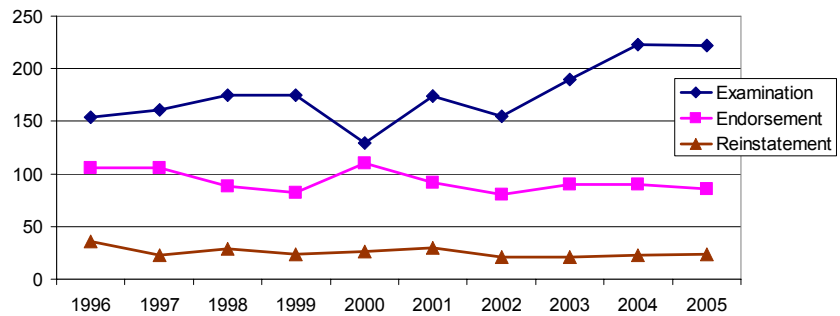


seeking their initial licensure in the U.S. by application to Idaho.

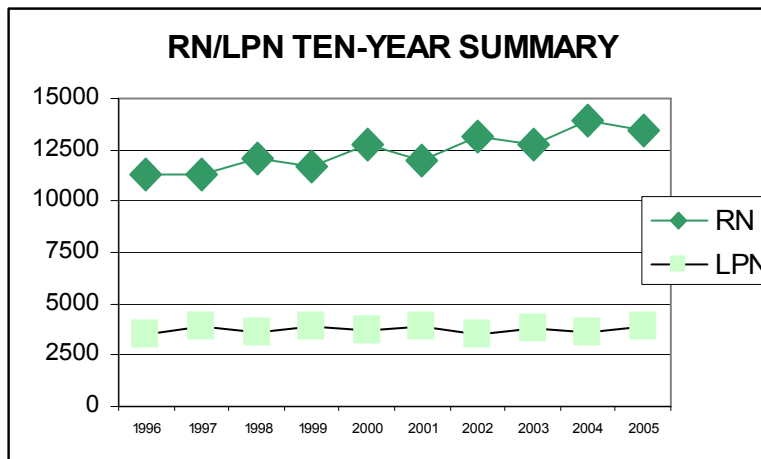
In 2005, 47% of Idaho's new nurses were new graduates, many of them from among the 745 graduates of Idaho's colleges and universities.

Once licensed, nurses must renew their licenses every two years in order to continue to practice nursing in this state. Since 1996, the number of nurses renewing licenses each biennium has been between 80% and 90% of the number of nurses licensed during the previous year.

PRACTICAL NURSES LICENSED BY EXAMINATION, ENDORSEMENT AND REINSTATEMENT - 10 YEAR PERIOD



An adequate supply of nurses in Idaho is dependent on a high percentage of licensed nurses continuing to renew their licenses every biennium while, at the same time, adding new nurses to the supply through processes of examination, endorsement or reinstatement to offset those nurses who either leave the state or leave the profession.



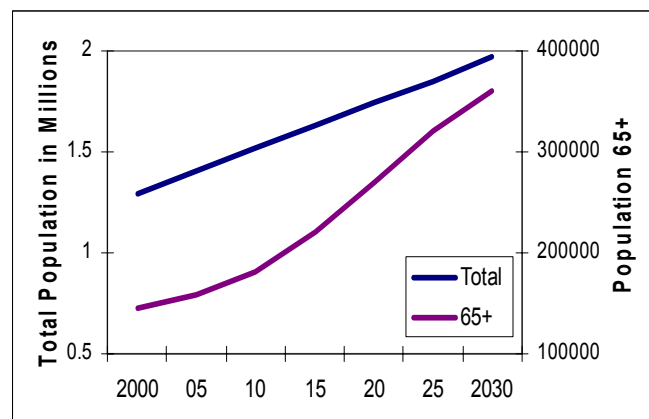
unless the supply of nurses increases significantly in the next several years, it is anticipated that the number of nurses leaving the profession will soon exceed the number entering, further exacerbating the nurse shortage in Idaho.

Projected Population Growth

INWC 2006

...AND DEMAND

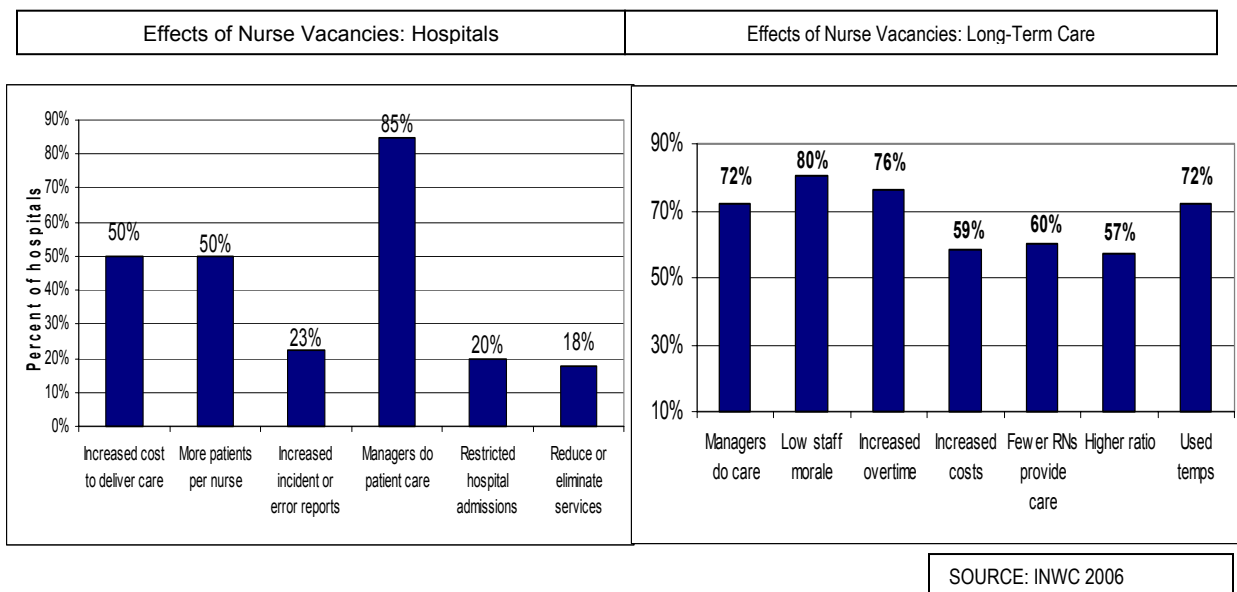
Idaho's population is expected to reach 2 million by 2030. With the aging of the Baby Boom Generation, the number of Idahoans over the age of 65 will have nearly doubled by that time. Since persons over the age of 65 are known to be the highest consumers of health care in our country, the demand for nurses will only accelerate with the aging of our citizens.



In the document, “Condition Critical: Who Will Provide Your Nursing Care in Idaho?”, the Idaho Nursing Workforce Center reports that in 2005, Idaho hospitals reported vacancy rates of 6.4% for RNs and 3.6% for LPNs. The INWC indicates that while these rates are not excessive by most standards, the total numbers and distribution of nurses in our state are troubling. Idaho ranks 48th in the nation in number of licensed nurses per 100,000 population, with rural hospitals reporting nurse vacancy rates as much as 50% higher than urban hospitals. According to the INWC report, “Idaho’s rural hospitals are bearing the brunt of the shortage” (INWC 2006).

A recent national study found that in hospitals that report high patient to nurse ratios, mortality rates among surgical patients are higher and nurses are more likely to report job dissatisfaction and “job burnout” (Aiken et al., 2002). One can deduce, that as the number of licensed nurses providing care decreases, the number of untoward patient outcomes will likely increase. With these findings and with nearly ½ of Idaho’s licensed nurses currently employed in hospitals, the predicted shortage has become of even greater concern to employers and policy makers.

Recent reports indicate that the current nurse shortage is negatively impacting patient safety and the quality of health care in the United States. Half of Idaho’s hospitals are reporting ill-effects of the shortage including increased incidents or errors as well as difficulty in staffing specialty units, such as intensive care and neonatal ICU (INWC 2006).



In 2005, Idaho’s colleges and universities produced 745 nursing graduates. Treasure Valley hospitals alone project that it will take 100 more graduates a year than are currently produced to meet their need for beginning students to accommodate their nurse turnover. Based on the pending retirement of those nurses who will reach the age of 60 in the next few years, the Idaho Nursing Workforce Center projects 400-500 additional graduates a year will be needed to meet the entire state’s growing need for entry-level nurses.

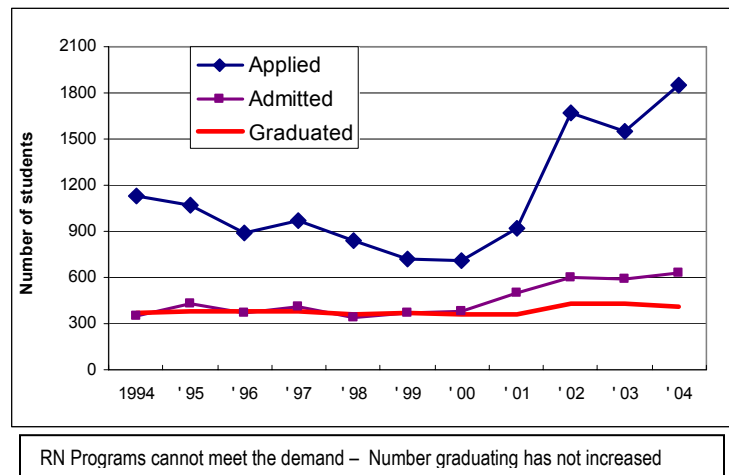
SHIFTING TRENDS

Nearly ½ of Idaho’s new nurses each year are new graduates who become licensed and then seek employment in our state. In the past, this number has been sufficient to meet Idaho’s nurse workforce needs. New graduates, along with licensed nurses endorsing into

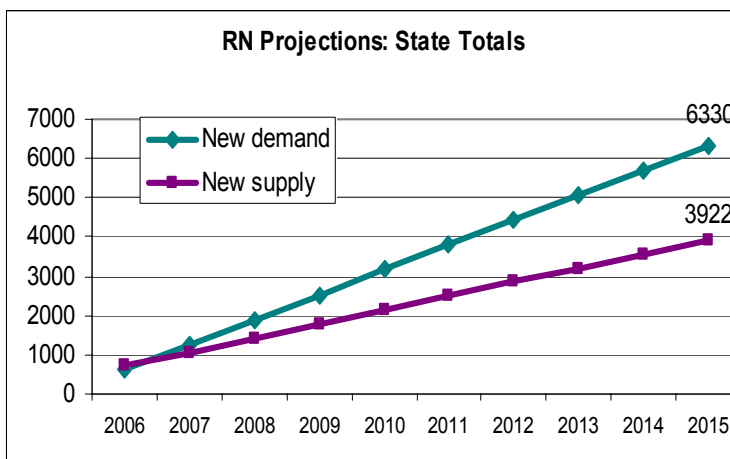
the state, nurses reinstating lapsed licenses and nurses regularly renewing licenses have provided adequate numbers to staff Idaho's hospitals and nursing homes and to provide sufficient numbers of nurses to care for children in schools, to staff public health clinics and to support physician-owned practices and clinics. However, with the aging of the nurse population and retiring Baby Boomers, the number of new graduates needed to offset the number leaving the profession is increasing.

If we are to adequately compensate for the anticipated retirement of the aging nursing workforce, Idaho must plan to educate more students to become our next generation of licensed nurses. With over 1200 interested, qualified candidates denied admission to Idaho's nursing programs in the past 2 years, increasing numbers of admissions seems the obvious solution to this dilemma. However, plans to increase admissions to nursing education programs present several additional concerns which must first be addressed.

Practical nursing programs at Boise State University, the College of Southern Idaho, Eastern Idaho Technical College, Idaho State University, Lewis-Clark State College and North Idaho College admitted 207 and graduated 243 students in 2005. However, in that same year, these programs also turned away 157 applicants who were interested in becoming practical nurses because of a lack of faculty, classroom and laboratory space and/or limited student clinical experiences in the community.



Boise State University, Brigham Young University-Idaho, the College of Southern Idaho, Idaho State University, Lewis-Clark State College, North Idaho College and Northwest Nazarene University prepare registered nurses. In 2005, these institutions admitted 655 students to their associate and bachelors degree programs and graduated 502 prepared to enter practice. Interested students were also turned away from Idaho's RN programs, again as a result of limited resources and physical capacity to accommodate them.



The current number of graduates is insufficient to meet Idaho's future need for nurses. Idaho's colleges and universities graduate approximately 750 new nurses a year at a time when hospitals and nursing homes report an annual need for up to 500 more than that number. It is clear that student enrollments in nursing programs must be increased if we plan to meet even the current needs of the state.

In order to accommodate an increased number of students, however, Idaho's nursing programs need additional qualified faculty, additional classroom, laboratory and office space, and additional opportunities for appropriate student clinical experiences in local communities. Idaho's 17 nursing education programs are currently filled to capacity. All of them report difficulty in recruiting and retaining qualified faculty. Further, clinical placements for students to develop nursing skills are in very short supply and classroom and laboratory space to support additional student numbers are needed.

Although the need for increased admissions and subsequent larger graduating nursing classes is the ultimate goal, active recruitment of potential students cannot be the initial concern. With programs currently reporting more students interested in nursing than can be admitted to existing programs, the barriers to admitting more nursing students must be addressed before further intense recruiting efforts are launched.

Several capacity resources needed to accommodate more nursing students must be immediately addressed. The need for classrooms and laboratories is crucial, however, the most critical need is for qualified nursing faculty to teach students enrolled in nursing programs. Without sufficient numbers of nursing faculty with qualifications of education and experience necessary for this demanding professional role, new classrooms and sophisticated laboratories will serve no useful purpose.

Section 2: Key Challenges Presented by the Shortage

THE NEED TO EDUCATE MORE NURSES

The U.S. Department of Health and Human Services estimates that by 2020, Idaho will lack about 30 percent of the nurses we need.

The Idaho Nursing Workforce Center predicts it will take 400 to 500 more nurses per year to meet the growing needs of the state.

Our colleges and universities must increase capacity in nursing programs in order to address the increasing need for nurses. However, about half of all qualified applicants to nursing programs were turned away in 2005.

Qualified applicants are denied admission to nursing programs for a number of reasons. Each needs to be addressed if student admissions are to increase.

1. A lack of qualified nursing faculty

Nursing faculty are prepared with master's and doctorate degrees in nursing and work with nursing students in faculty-to-student ratios sufficient to support the learning needs of students, but also to ensure the safety and welfare of patients with whom students work during their clinical experiences.

Idaho Schools report 157 full-time and 40 part-time faculty currently teaching nursing, a number that is supplemented by adjunct clinical faculty that assume responsibilities for nursing skills instruction in affiliated clinical agencies. However, they also report difficulty in attracting nurses to academic teaching as evidenced by the numbers of open teaching positions in our nursing programs at the beginning of each academic year.

Without sufficient numbers of qualified faculty, Idaho schools not only lack the ability to increase student enrollments, they are challenged even to maintain current levels of student enrollment. Salaries paid to nurses in many practice settings exceed salaries paid to faculty in Idaho's colleges and universities by as much as \$20,000/year in some areas. As a consequence, nursing faculty leave academic positions for employment in local healthcare facilities, leaving open positions that are difficult, if not impossible to fill, due to the inequity of salaries compared to the industry.



Even though retirement and other personal reasons account for a significant portion of the decline in numbers of nursing faculty, it is salary given most often by faculty as the reason they leave their positions. It is salary that presents the greatest deterrent to both maintaining and increasing the numbers of qualified nursing faculty in this state.

In addressing the issue of faculty salary two very distinct components must be considered:

- 1) Salary adjustments for current faculty to achieve equity with industry in order to recruit and retain nursing faculty to instruct the current numbers of students enrolled in Idaho's nursing education programs; and
- 2) Additional monies for each new nursing faculty position necessary to increase student enrollments in these programs.

Salaries necessary to recruit and retain nursing faculty to instruct the current numbers of enrolled students present a substantial problem for Idaho's colleges and universities. Salaries paid to nursing faculty have not kept pace with the healthcare industry and can no longer compete with those paid to nurses in Idaho's hospitals. Master's degree prepared nurses are in high demand in practice settings where salaries are as much as double those paid in Idaho's academic institutions.

Idaho's nursing programs report difficulty in retaining their existing faculty primarily because of significant inequity between the salaries offered to faculty and the salaries masters-prepared nurses are paid not only in Idaho's hospitals, but also in colleges and universities in surrounding states. The average annual salary in Idaho for an experienced nursing faculty member, prepared with a master's degree in nursing is less than \$47,000. This same nurse may be able to earn as much as \$20,000 to \$30,000 more working at the local hospital.

The faculty turnover rate in Idaho's nursing programs is 25%, an indication of the difficulty in retaining these experienced, qualified nursing professionals. Compounding the challenges created by the high turnover among faculty is the reported difficulty recruiting qualified candidates to fill these open positions. For the 23 still unfilled faculty positions in August 2006, just prior to the start of the new academic year, Idaho schools reported only 31 qualified applicants. This low number of candidates can be attributed, in part, to the low number of masters-degree prepared nurses in Idaho and elsewhere, but also to non-competitive salaries offered by Idaho's educational institutions. Qualified candidates seeking positions in Idaho turned down offered appointments because of non-competitive salaries, choosing instead to teach in other states or to seek employment outside of academia.

Competitive salaries for Idaho's nursing faculty are a priority if we hope to be able to recruit and retain qualified nursing faculty. Also needed is financial support and assistance for nurses who are pursuing advanced degrees to prepare then to teach nursing.

Nursing faculty are required to hold masters and doctoral degrees in the discipline to meet national and state standards for accredited nursing education programs. Idaho State University offers the only masters degree in nursing program in the state. Boise State University plans implementation of an MS in nursing program in the very near future. None of Idaho's schools offers a doctorate in nursing degree.

Most nurses pursuing advanced nursing degrees to prepare them for teaching roles are required to apply for financial assistance to offset the high costs of tuition and other program expenses. For nurses who must apply to programs outside Idaho, (a must for anyone pursuing a nursing doctorate), out-of-state tuition, travel and housing can become cost prohibitive. In order to afford their education, many of these nurses work while pursuing their degrees on a part-time basis, extending the time needed to complete the degree and delaying their entry into the teaching field.

Recommendation:

With the average age of Idaho's current nursing faculty at 55, a steady supply of qualified nursing faculty is necessary to build student capacity in Idaho's nursing programs.

It is recommended that nursing faculty salaries at Idaho's state colleges and universities be increased to be competitive with industry and peer institutions in an effort to retain existing faculty and to recruit new faculty necessary to replace those that leave and to add new faculty to expand student access to programs. The amount needed to accomplish this goal is \$3.8 million over the next 3 years.

It is further recommended that Idaho support an additional 8 seats through the Western Interstate Commission on Higher Education (WICHE) in out-of-state institutions for students pursuing masters and doctoral degrees in nursing. Seats for 4 additional students in the initial year of funding with the addition of 2 more seats in the second year and 1 additional seat in each of the next 2 years would cover the costs of out-of-state tuition for 8 potential nursing faculty, at a cost of \$777,000. In addition, it is recommended that 20 scholarships in the amount of \$6,000 be made available to students pursuing graduate and post-graduate degrees in nursing for an additional cost of \$120,000/year.

It is further recommended that consideration be given to extending loan forgiveness opportunities to graduates who return to teach nursing in Idaho.

2. Clinical placements for students are in high demand and short supply.

Nursing students spend an average of 2 days per week in clinical situations throughout their educational programs. These experiences are in hospitals, nursing homes, home health agencies, and community-based settings among others. With the need to increase numbers of nursing students enrolled in Idaho's programs, finding placements in many of these settings presents unique challenges.

Nursing education programs report that nursing students and faculty utilize hospitals for student clinical experiences for up to as many as 16 hours a day for 5 to 6 days a week in order to assure that each student has sufficient opportunities to develop competencies to safely provide care following graduation. Despite this heavy use of available clinical resources, there continue to be limited opportunities for students in many geographical regions.

Patient hospital stays continue to become shorter, often limiting the number of patients available for the experiences students are seeking. Additionally, with multiple nursing and other educational programs descending on the same facilities for student experiences, the sheer volume of personnel on a clinical unit can create problems for facility staff. With facilities also experiencing the effects of the nurse shortage, staff nurse preceptors are over extended in providing patient care while also assisting students who require mentoring, supervision and direction.

Studies indicate that simulating acute care experiences is an effective alternative to traditional live patient experiences for students. The use of high-tech simulation can often be used to take the place of 1/3-1/2 of traditional acute care learner experiences. Idaho's nursing programs need necessary fiscal resources to obtain the technology and equipment as well as the professional support staff to install and manage simulation laboratories to ensure meaningful clinical experiences for nursing students.

Recommendation:

It is recommended that opportunities to expand clinical learning alternatives be explored including statewide or regional coordination of clinical placements as well as innovation in clinical simulation using technology and specially equipped laboratories.

3. Increasing Nursing Student Admissions requires classroom and lab space:

State funded nursing programs in Idaho report the ability to increase capacity over the next 2 years with the increase in needed support for faculty salaries, professional staff, high-tech simulators, and physical space/facilities. Idaho schools report being able to increase 50 seats in practical nursing programs, 120 associate degree seats, 58 baccalaureate seats, 30 baccalaureate completion seats, and 30 masters degree seats in FY 2008. These programs further report the ability to increase 20 seats in practical nursing programs, 40 associate degree seats, 26 baccalaureate seats, 15 baccalaureate completion seats, and 20 masters degree seats in FY 2009. Total possible capacity increase over the next two years is 409 seats:

- 70 practical nursing seats
- 160 associate degree seats
- 84 baccalaureate degree seats
- 45 baccalaureate completion seats
- 50 masters degree seats

Increasing nursing student enrollments, however, requires a commitment of monies to support additional nursing faculty to teach these additional students, physical infrastructure to accommodate the increased enrollments, and technology and support services to address alternatives for clinical learning experiences for these additional numbers of students.

Total cost to support proposed increases in nursing student admissions: \$7.6 million. This includes:

- Salary dollars: for increased number of nursing faculty, general education faculty, and professional staff needed to run the simulators and for advising. Increasing capacity requires increased advising both for pre-nursing and admitted nursing students.
- Specialized high-tech simulators for each school to assist with the lack of acute care clinical space.
- Physical space for offices, classrooms, and simulation labs.

Over the past 5 years nursing programs in the state have increased enrollments and numbers of graduates despite the limited additional state resources needed for these initiatives. However, as a result, many programs have now reached current capacity relative to classrooms and laboratories as well as faculty and staff office space. In addition, the infusion of high-tech simulation into programs requires laboratory space unique to the requirements of this form of technology.

Local hospital facilities have partnered with Idaho's colleges and universities in order to enhance the ability of nursing programs to add faculty positions and to build and equip classrooms and laboratories. However, Idaho's hospitals are also feeling the effects of our stressed health care system through shifts in federal and state reimbursements. Hospitals are beginning to indicate their intention to discontinue contributions that have supported faculty salaries, laboratory supplies and equipment and student loans and scholarships.

Colleges and universities are at the place where they can no longer increase capacity without additional funding to do so. Without additional monies to expand and grow, the space and resources necessary to accommodate the unique learning needs of nursing students, our educational institutions have reached or exceeded their physical capacity.

Recommendation:

It is recommended that admission to nursing programs be increased by approximately 50% or 400 additional students over the next 2 years.

It is further suggested that at the time that decisions are made regarding funding to address the nurse shortage, that nursing educators and nursing practice leaders (acute, long-term, and community) convene to provide direction in determining priority areas for increased capacity based on regional and statewide need and individual institution plans for increasing student capacity.

4. Assess and redesign nursing education to meet Idaho's changing health care needs

Nursing programs were surveyed on how many seats they could increase in the next two years if resources were provided. This provided a benchmark of how much increase in capacity is immediately available. However, the challenge to determine the kind and mix of nurses necessary to meet Idaho's health care needs has yet to be addressed. Idaho nurses are currently educated in a variety of ways—in both 1 and 2-year practical nursing programs and in associate, baccalaureate and master's degree RN programs.

The unique advantages and attributes offered by graduates of the different nursing education programs must be carefully considered as employers determine their future nursing needs. Also of importance are geographic regional needs for nurses, many of whom seek employment in communities where they complete their nursing education. Discussions related to these complex considerations have yet to be initiated.

It is essential we support capacity increases that are in alignment with appropriate practice and educational levels and with consideration to geographical needs of the state. In addition the ability of nurses to continue their education at Idaho schools through the Idaho nursing articulation plan must be supported. When capacity is increased in practical nursing, concurrent increase in number of seats for practical nurses to advance to RN programs should be considered. When capacity in associate degree RN programs is increased, capacity in baccalaureate and masters programs must also be considered to support Idaho's nurses in their pursuit of advanced degrees.

Two of Idaho's larger acute care facilities have achieved Magnet Hospital status in recognition of nursing excellence. Magnet hospitals are reported to have a high success of attracting and retaining nurses as a result of high level of job satisfaction among nurses who are involved in decision-making and patient care delivery. There are other facilities throughout the state that are currently on "the Magnet journey". Magnet status requires that a large percentage of the hospital's nurses are prepared with a baccalaureate or higher degree in nursing. With nearly 75% of Idaho's new graduate RNs educated with associate degrees and an additional 6,600 licensed RNs holding associate degrees as their highest level of education, the need for increasing opportunities for baccalaureate education seems even more crucial. Additionally, a baccalaureate degree in nursing is the first step toward the required graduate and post graduate degrees needed to teach nursing in Idaho's colleges and universities.

Without attention to support for baccalaureate and graduate education, Idaho's ability to respond to emerging trends supporting these levels of nursing education will be significantly delayed, a position that could adversely impact the state's ability to respond to the nurse shortage into the future.

Recommendation:

It is recommended that educators, in partnership with consumers, policy makers and other stakeholders, develop a statewide nursing education plan to best meet the evolving health care needs of Idaho's citizens. It is further recommended that decisions regarding future nursing education address essential competencies of nurses, program redundancy, and efficiency in the use of resources, among others.

DEVELOPING AND MAINTAINING A DIVERSE NURSING POPULATION

While there are more qualified applicants to Idaho's nursing programs than there are seats available, the applicant pool often lacks students from low income families and groups underrepresented in the profession. For many qualified students access is limited by financial, geographical, educational, cultural, and life situation constraints.

Financial Constraints:

Much more can be done to disseminate information about current student loan and scholarship programs to potential and current students. Higher education institutions and the health industries can widen the availability of such information to reach targeted students through online postings, radio and TV public service announcements, community flyers, and by supplying such information to high school counselors. Collaboration with the Idaho State Board of Education Student Affairs Programs Manager would help to identify and promulgate information on Federal programs that may apply to nursing education, especially community-based grant programs.

In addition to the above, augmenting current student loan, loan forgiveness, and work-study programs would provide support for students pursuing education leading to a career in nursing. For example, diverse student matriculation in nursing programs would increase if the number of awards and the amounts awarded were increased for targeted groups in the current loan forgiveness program and if it were expanded to all nursing degrees, including the MSN and PhD. Paid internships, work-study programs, and scholarships, especially for low income and underrepresented groups, also should be increased.

Geographical Constraints:

Access to nursing programs is often limited by the student's physical location, especially in rural and frontier areas of the State. Distance education provided through modern modalities such as the internet has helped to lessen this constraint and should be increased and, where needed, electronic infrastructure inadequacies should be addressed. Cohort courses in remote locations have also proven useful.

Educational Constraints:

Many students entering nursing programs are not sufficiently prepared in mathematics and the sciences. This often results in poor academic performance and consequential student attrition. Accordingly, the Task Force supports efforts by the Idaho State Board of Education to increase high school student competencies in mathematics and the sciences. In the meantime, the Task Force recommends increased State support for remedial and developmental education at higher education institutions, including the establishment of cohort remediation groups using students as tutors and mentors. Further, the Task Force

recommends that colleges and universities collaborate with high schools to offer more dual credit courses that prepare students for nursing. In addition, the Task Force recommends that the State Department of Education and the institutions of higher education establish pre-nursing advisors at high schools and on college campuses. These advisors would serve to recruit and advise students so that they receive the educational preparation necessary for success in nursing.

Existing articulation agreements should be enforced throughout the State to assure that credit for prior learning is available to qualified students. In other words, individuals should be able to utilize previous degrees and healthcare experience in transition to nursing programs. For example, paramedics, military personnel and other health care credentialed persons should be given the opportunity to validate their existing knowledge and skills through a challenge process so that they may advance place into nursing courses - based on the individual's ability to pass specified nursing courses. The committee recommends that the State of Idaho Nursing Articulation Committee (SNAC) address this matter further.

Cultural Constraints:

Colleges, universities, and the healthcare industries must be encouraged to reach out to underrepresented groups such as low income students, migrant farm workers' children, rural and frontier students, Native Americans, Hispanics, and other minorities. Marketing of the nursing profession and targeted recruitment to these groups will help to increase the numbers of these students and ultimately their representation in the profession.

Life Situation Constraints:

Working healthcare professionals and other highly qualified individuals often cannot avail themselves of existing nursing programs because of time limitations due to family or professional responsibilities. These constraints can be addressed through the provision of childcare facilities, innovative scheduling (e.g. nights and weekends), transition to nursing programs, cohort plans for rural areas, and mentoring programs within hospitals. Other initiatives to address such constraints include "round the calendar" scheduling, or short term intensive and other flexible curricula that accommodate a broader pool of students, especially the non-traditional, working students. Colleges and universities should work to increase such programs where appropriate and affordable.

Recommendation:

It is recommended that strategies be initiated to enhance recruitment of individuals into nursing to ensure a nursing workforce representative of the diversity of Idaho's population. Strategies should include:

- Plans to widely disseminate information related to available student financial assistance
- Augmentation of student loan and loan forgiveness programs
- Paid internships, increased work/study opportunities and student scholarships
- Increased opportunities for distance learning
- Increased efforts to recruit targeted populations
- Continued efforts to refine articulation agreements between and among programs and institutions

It is further recommended that efforts to address high school competencies especially in mathematics and the sciences be supported and that funding to support post-high school remedial and developmental education be provided to Idaho's postsecondary institutions. Included in this recommendation is support to increase dual credit courses offered through high school and college collaboration intended to prepare students for admission to nursing programs following high school graduation.

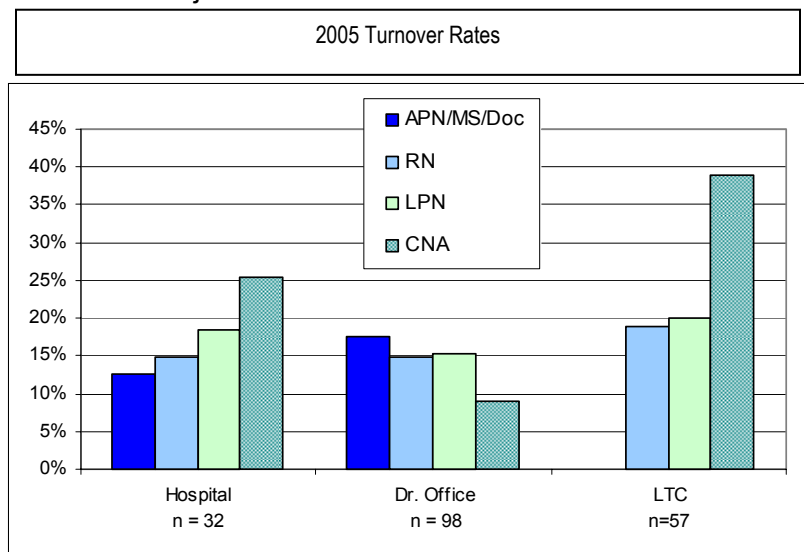
RETAINING THE CURRENT EXPERIENCED NURSING WORKFORCE

In order to adequately address the current nurse shortage, we must consider strategies to maintain Idaho's current nurses in active practice for as long as possible.

Efforts to increase the numbers of persons choosing nursing as their future career must be complemented by efforts to retain nurses in the profession once they have become licensed. Nursing is well known as a highly stressful, yet richly rewarding profession, albeit a profession that exposes nurses to high career burnout.

It is estimated that the average nursing career is 40 years long. When queried, 14% of Idaho's nurses indicated they plan to leave nursing practice within the next two years (BON 2005 Annual Report). Primary reasons given for their decision to exit the profession included retirement (not surprising, given the average age of Idaho's nurses), inadequate salary compensation, poor working conditions and job dissatisfaction.

A national survey of nurses found that one in three nurses under the age of 30 plans to leave the profession within a year (Aiken, Clark, Sloan 2001). Hospital and nursing homes report increasing nurse turnover rates as well as increased difficulty in filling positions vacated by nurses seeking new opportunities and new careers. Several surveys in recent years indicate a growing sense of job dissatisfaction among nurses, especially those employed in hospitals and nursing homes.



Source: Idaho Nurse Workforce Center

Dissatisfaction among nurses can be attributed, in part, to direct and indirect effects of the nurse shortage: insufficient staffing, unqualified staff, long hours and little opportunity for advancement. Also expressed is dissatisfaction with increasing amounts of paperwork and administrative responsibilities and less direct contact with patients and concerns for their own safety and health. In a recent American Hospital Association commissioned study (First Consulting Group study for the AHA, 2002) reports indicated emergency department overcrowding, reductions in number of staffed beds, discontinuation of programs and services and cancellation of elective surgeries, all a result of the current nurse shortage.

Nurses want to be able to provide quality care to their patients. They want to work in safe, supportive environments. They want to do the jobs they were educated to do. And they want the necessary resources to be able to do their jobs well.

Recommendation:

Idaho's health care employers should be challenged to take steps to address issues in the workplace environment in an effort to recruit nurses to and retain nurses in the profession, and also to encourage older nurses to remain in nursing practice beyond the usual retirement age.

CONTINUED PLANNING FOR AN ADEQUATE NURSING WORKFORCE

Continuing to collect accurate, comprehensive data is crucial as we implement strategies to address the nursing shortage. These new strategies must continually be evaluated in order to map their success and to appropriately modify them as different needs arise. Idaho must continue to monitor the number of nurses entering and leaving the profession so that projections can be updated and refined to assure informed planning for sufficient numbers of nurses to meet the state's needs. Ensuring high quality data will continue to be essential to Idaho's nursing workforce planning needs.

The Idaho Nursing Workforce Center was established in 2004 for this very purpose. Over the past two years it has emerged as a source of high-quality data regarding nursing supply and demand issues in Idaho. The Center has used a combination of collecting new data and bringing together existing data from various sources to accomplish this end.

The Idaho Nursing Workforce Center is administered by the Idaho Alliance of Leaders in Nursing (IALN), a 501(c)3 organization located in Boise. The Center is currently funded by a Health Resources and Services Administration grant based on Congressional earmark funds with Boise State University College of Health Sciences serving as fiscal agent and physical location for the Center. It is anticipated that Congressional monies to support the Center will at some point cease, at which time another form of long-term funding will be necessary to sustain the work of the Center. It is likely that State funding will be the required future funding source for the INWC.

It is essential that discussions about Idaho's healthcare workforce be broadened beyond concerns focused primarily on the nurse shortage and that development of a statewide plan for meeting Idaho's needs for a qualified healthcare workforce into the future be initiated. It is suggested that, with limited one-time funding, the Idaho Nursing Workforce Center could be charged to convene a group of experts to initiate this dialogue toward development of the suggested plan.

It is suggested that, over the long term, an Inter-Collegiate Center for Health Workforce might better serve Idaho's health workforce planning needs. The Center could be charged to bring together researchers from Idaho's 4-year research academic institutions to monitor not only the nursing shortage but also shortages in other health professions in Idaho such as pharmacists, respiratory therapists, and other professionals. Other workforce center models might also be explored to assure a system of data collection and analysis to best assist policy makers in their efforts to recognize and address the state's needs.

There is a need to continue the dialogue about Idaho's nursing workforce needs, if for no other reason than to assess the outcomes resulting from the recommendations included in this report in order to continue momentum toward the goal of ensuring an adequate nursing workforce in Idaho. Collaboration between nurse educators, nursing regulators and practice representatives (acute, long-term, and community) is imperative to sound decision making regarding the future of nursing and nursing education in this state.

Recommendation:

It is recommended that, upon discontinuance of Congressional earmark funds to support the work of the Idaho Nursing Workforce Center, \$300,000/year be appropriated to sustain the INWC. It is further recommended that an appropriate state supported mechanism to ensure continued planning for an adequate nursing workforce for Idaho's long-term future be developed.

Section 3: Short- and Long-Range Strategies

The current nurse shortage is characterized by several distinct factors:

- An unprecedented growth in our state's population, especially the population over the age of 65
- An aging nurse population, many of whom will retire within the next 10 years
- High turnover and burnout rates among nurses in active practice
- Nursing faculty whose average age is over 50
- Difficulty in recruiting and retaining qualified nurse faculty in Idaho's colleges and universities
- The inability of our colleges and universities to educate a sufficient number of new nurses to replace those leaving the profession
- Needed continued collection and analysis of data to assist policy-makers in planning for an adequate nursing workforce into the future

Unless we adequately address these factors, responding to the nurse shortage will be extremely difficult, if not impossible.

Many of the challenges presented by the current nurse shortage cannot be resolved without a firm long-term commitment of public resources. None of them can be resolved without collaboration between the profession, the healthcare industry, and local and state government.

Idaho must implement strategies to retain our older nurses until the time that we have sufficient numbers of younger experienced nurses to meet the healthcare needs of our citizens. Steps must be taken to make nursing education more accessible and responsive to the needs of students and the demands of nurse employers. We need to do what is necessary to retain our current nurse faculty and to recruit new faculty to this rewarding role. And, we need to continue to study and analyze nurse supply and demand trends in order to continue to reverse the shortage and to best plan for our future.

SHORT-RANGE STRATEGIES:

It is recommended that:

1. The salaries of nursing faculty in Idaho's state colleges and universities be increased over the next 3 years to be competitive with industry standards. Estimated Cost: \$3.8 million
2. Admissions to nursing programs be increased over the next 2 years by 50% or approximately 400 students. Estimated Cost: \$7.6 million
3. Upon discontinuance of federal monies that support the work of the Idaho Nursing Workforce Center, state monies be appropriated to sustain the work of the Center. Estimated Cost: \$300,000/year
4. Idaho support development of future nursing faculty with an additional 8 Western Interstate Commission on Higher Education (WICHE) seats over the next 4 years for students pursuing masters and doctoral degrees in nursing. And further, 20 scholarships in the amount of \$6,000/year each be made available to students pursuing graduate and post-graduate degrees in nursing. Estimated Cost: \$1.3 million
5. Expand and enhance financial support to undergraduate, graduate and postgraduate nursing students to offset the high costs of nursing education, including additional scholarships and loans. Estimated Cost: \$600,000/year

LONGER-RANGE STRATEGIES:

To further support anticipated outcomes of the work of the Task Force, it is recommended that:

1. Loan forgiveness opportunities be extended to graduates who teach nursing in Idaho following graduation from their graduate and post graduate programs.
2. Opportunities to expand clinical learning alternatives be explored including statewide or regional coordination of clinical placements and innovation in clinical simulation using technology and specially equipped laboratories.
3. Educators, in partnership with consumers, policy makers and other stakeholders, develop a statewide nursing education plan to best meet the evolving health care needs of Idaho's citizens; and that decisions about nursing education address essential competencies of nurses, program redundancy and efficiency in the use of resources, among others.
4. Strategies be initiated to enhance recruitment of individuals into nursing to ensure a nursing workforce representative of the diversity of Idaho's population.
5. Efforts to address high school competencies, especially in math and the sciences, be supported
6. Idaho's health care employers be challenged to take steps to address issues in the workplace environment in an effort to recruit nurses to and retain nurses in the profession.
7. An appropriate state supported mechanism to ensure continued planning for an adequate nursing workforce for Idaho's long-term future be developed.

Section 4: Outcome Measures

Through its study and deliberation, the Task Force determined a number of strategies to increase the supply of nurses in Idaho to meet the anticipated increasing demand. The recommended strategies focus on five anticipated outcomes:

1. Increased ability to educate more nurses
2. Development and maintenance of a diverse nursing population that includes targeted populations
3. Development, recruitment and retention of sufficient numbers of qualified nursing faculty
4. Retention of the current experienced nursing workforce
5. Continued planning for an adequate nursing workforce for the future

To assess accomplishment of the suggested outcomes, the following outcome measures have been developed:

To measure Idaho's increased ability to educate more nurses:

- a) Number and diversity of students enrolled in nursing education programs
- b) Number and diversity of students graduating from nursing education programs
- c) Increase in appropriated funds allocated to increase nursing education capacity

To measure the development and maintenance of a diverse nursing population that includes targeted populations:

- a) Number and diversity of students enrolled in nursing education programs
- b) Number and diversity of students graduating from nursing education programs
- c) Level at which nursing workforce diversity reflects the diversity of the population served
- d) Establishment of a campaign to inform nursing students of available financial assistance and loan forgiveness opportunities

To measure the development, recruitment and retention of sufficient numbers of qualified nursing faculty:

- a) Number and diversity of students enrolled in educational programs preparing to become nursing faculty
- b) Turnover rates for nursing faculty

To measure retention of the current nursing workforce:

- a) Turnover rates for nursing personnel
- b) Numbers of nurses who renew licenses every biennium
- c) Numbers of nurses who report continued practice at time of renewal

To measure continued planning for an adequate nursing workforce for the future:

- a) Establishment of an ongoing statewide system for data collection and analysis
- b) Development of a statewide long-range plan for an adequate nursing workforce in Idaho
- c) Proximity of nurse supply to nurse demand
- d) Number of short- and long-range strategies presented in this report that are successfully implemented

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